SUBSCRIBER INFORMATION

Name				Primary Phone
Address				Secondary Phone
City	State	Zip	Email	

SEASON SUBSCRIPTIONS

1. Select & Circle your SERIES CODE choice from the table below.

SERIES CODE		THE LARAMIE PROJECT	THE THANKSGIVING PLAY	JESUS CHRIST SUPERSTAR	SWEENEY TODD	ARGONAUTIKA	MUCH ADO ABOUT NOTHING
01	Sunday Preview	Sat. Oct. 7 (7:30p)	Sun. Oct. 8 (1:30p)	Sun. Nov. 12 (1:30p)	Sun. Feb. 25 (1:30p)	Sun. Mar. 24 (1:30p)	Sun. Apr. 14 (1:30p)
02	Wednesday Preview	Sat. Oct. 7 (7:30p)	Sun. Oct. 8 (1:30p)	Wed. Nov. 15 (7:30p)	Wed. Feb. 28 (7:30p)	Wed. Mar. 27 (7:30p)	Wed. Apr. 17 (7:30p)
03	Opening Night	Thurs. Oct. 12 (7:30p)	Wed. Oct. 11 (7:30p)	Thurs. Nov. 16 (7:30p)	Thurs. Feb. 29 (7:30p)	Thurs. Mar. 28 (7:30p)	Thurs. Apr. 18 (7:30p)
04	Friday Evening 1	Wed. Oct. 18 (7:30p)	Fri. Oct. 13 (7:30p)	Fri. Nov. 17 (7:30p)	Fri. Mar. 1 (7:30p)	Fri. Mar. 29 (7:30p)	Fri. Apr. 19 (7:30p)
05	Saturday Night 1	Sat. Oct. 21 (7:30p)	Sat. Oct. 14 (7:30p)	Sat. Nov. 18 (7:30p)	Sat. Mar. 2 (7:30p)	Sat. Mar. 30 (7:30p)	Sat. Apr. 20 (7:30p)
06	Sunday Matinée 1	Sun. Oct. 15 (1:30p)	Sun. Oct. 22 (1:30p)	Sun. Nov. 19 (1:30p)	Sun. Mar. 3 (1:30p)	Sun. Mar. 31 (1:30p)	Sun. Apr. 21 (1:30p)
07	Friday Evening 2	Fri. Oct. 20 (7:30p)	Thurs. Oct. 19 (7:30p)	Fri. Dec. 1 (7:30p)	Fri. Mar. 15 (7:30p)	Fri. Apr. 5 (7:30p)	Fri. Apr. 26 (7:30p)
08	Saturday Matinée 2	Sat. Oct 14 (1:30p)	Sat. Oct 21 (1:30p)	Sat. Dec. 2 (1:30p)	Sat. Mar. 16 (1:30p)	Sat. Apr. 6 (1:30p)	Sat. Apr. 27 (1:30p)
09	Saturday Night 2	Sat. Oct. 21 (7:30p)	Sun. Oct. 22 (7:30p)	Sat. Dec. 2 (7:30p)	Sat. Mar. 16 (7:30p)	Sat. Apr. 6 (7:30p)	Sat. Apr. 27 (7:30p)
10	Sunday Matinée 2	Sun. Oct. 15 (1:30p)	Sun. Oct. 22 (1:30p)	Sun. Dec. 3 (1:30p)	Sun. Mar. 17 (1:30p)	Sun. Apr. 7 (1:30p)	Sun. Apr. 28 (1:30p)

- 2. Select your Season below.
- **3. Under the package** you selected, write the number of subscriptions you want for each price & total up the costs. (Remember, PREVIEW price category is only available for Series 01 & 02.)

SEASON SUBSCRIPTION ORDER FORM

	□ Full	Season	☐ 01 + 02 Previews		
ADULT	@ \$160	=\$			
SR CITIZEN / UA EMPLOYEE/ALUMNI	@ \$148	=\$	@ \$106	=\$	
STUDENT	@ \$72	=\$			
ORDER TOTAL		=\$			

ADDITIONAL TICKETS – Complete the **ADDITIONAL TICKET ORDER FORM** to the top right and circle the added show date(s) on the **SERIES CODE** table.

· Add additional seats to any performance.

2023-2024 SEASON SUBSCRIPTION ORDER FORM

FLEX SEASON SUBSCRIPTIONS

Flex Season Subscribers follow the steps below to complete your order.

- 1. Select FOUR to SIX productions you want to attend.
- 2. Circle the desired dates on the SERIES CODE table to the left. (You may order as many tickets as you like to each production.)
- 3. Write in the number of tickets you want to purchase per production on the ORDER form below.
- **4.** Add the TOTAL cost in each row for all tickets purchased to each individual production and enter in last column.
- 5. Add the cost for all tickets purchased for all productions and enter in the ORDER TOTAL box.

FLEX SEASON

PRODUCTION	PREVIEW	ADULT	SR CITIZEN/ EMPLOYEE/ ALUMNI	STUDENT	TOTAL
☐ THE LARAMIE PROJECT	@ \$17	@ \$26	@ \$24	@ \$12	=\$
☐ THE THANKSGIVING PLAY	@ \$17	@ \$26	@ \$24	@ \$12	=\$
☐ JESUS CHRIST SUPERSTAR	@ \$19	@ \$28	@ \$26	@ \$12	=\$
☐ SWEENEY TODD	@ \$19	@ \$28	@ \$26	@ \$12	=\$
□ARGONAUTIKA	@ \$17	@ \$26	@ \$24	@ \$12	=\$
☐ MUCH ADO ABOUT NOTHING	@ \$17	@ \$26	@ \$24	@ \$12	=\$
ORDER TOTAL					=\$

COMPLETE YOUR ORDER BELOW

- 1. ADD the ORDER TOTALS from both ORDER FORMS and enter in BOX 1
- ENTER a 100% deductible contribution in BOX 2 (Contributions of \$35 or more are acknowledged in playbills.)
- 3. ADD the HANDLING FEE noted in BOX 3.
- **4. ADD** all boxes together and enter the total in **BOX 4.** Provide your credit card information in the **PAYMENT** box below or pay by check as noted.

Use

Only

DAVMENT

BOX 1	\$
BOX 2	\$
вох з	\$ 10.00
BOX 4	\$

SEATING
PREFERENCES

1.Closer to:

☐ Aisle

Center

2.Seating prefrence:

- Front (Rows A-D)
- ☐ Middle (Rows E-H)
- ☐ Back (Rows J-M)

3. Accessibility Seating

- ☐ Wheelchair #___
- WC Companion Seat #
- ☐ Visual Impairment

☐ Hearing I	mpairmer
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		payable to: Uni Mastercard	-	
Accoun	t Num	ber	-	Exp. Date
Signatu	re			
Office	DOR			Series